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Environmental Quality  
HAZARDOUS MATERIAL/HAZARDOUS WASTE MANAGEMENT

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1. HISTORY. This issue publishes a revision of this publication.

2. PURPOSE.

2.1 To establish policies and procedures to implement processes for selecting, handling, storing, transporting, using and disposing of hazardous materials (HM) and hazardous waste (HW) at all medical treatment facilities located at Fort Huachuca, AZ, from receipt or generation through use and/or final disposal.

2.2 To provide specific guidance on federal, state, and installation regulations for hazardous waste satellite accumulation point management.

3. SCOPE. This policy applies to all military and civilian employees, students and volunteers of Raymond W. Bliss Army Health Center (RWBAHC), Dental Activity (DENTAC) and Veterinary Activity (VETAC) health care facilities located on Fort Huachuca, AZ. Throughout this document the term MEDDAC will include all of the health care facilities as mentioned above.

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\* This memorandum supersedes MEDDAC Memo 200-1, dated 15 Oct 2004

**4. REFERENCES.**

**4.1** 29 CFR 1900 & 1910, Labor

**4.2** 40 CFR 260-265, Protection of the Environment

**4.3** DOD 4145.19-R-1, Hazardous Material Storage and Handling Criteria

**4.4** AR 200-1, Environmental Protection and Enhancement

**4.5** AR 420-47, Solid and Hazardous Waste Management

**4.6** AR 600-55; The Army Driver And Operator Standardization Program (Selection, , Training, Testing, And Licensing)

**4.7** AR 40-5, Preventive Medicine

**4.8** TM 38-410, Storage and Handling of Hazardous Material

**4.9** Fort Huachuca Interim Policy on Hazardous Waste Minimization and Pollution Prevention

**4.10** Fort Huachuca Hazardous Waste Satellite Accumulation Point Management Guide

**4.11** Fort Huachuca Hazardous Waste Training Plan

**4.12** Fort Huachuca Spill Prevention and Contingency Plan

**4.13** SB 8-75-S7, The Army Medical Supply Information

**4.14** SB 8-76-95

**4.15** Military Item Disposal Instructions/Military Environmental Information Source, CD-ROM.

**4.16** FH Reg 710-1, Hazardous Materials Control Center

**4.17** MEDDAC Memo 385-2, The MEDDAC Hazard Communication Program

**4.18** TG 126

**4.19** JCAHO Manual, current edition

4.20 49 CFR 172

**5. DEFINITIONS.**

**5.1 General Waste.** Waste that is disposed of by routine waste disposal methods without pretreatment. This includes garbage, rubbish, and non-regulated medical waste. Garbage is putrescible solid waste resulting from the handling, preparation, cooking, or serving of food. Rubbish is non-putrescible solid waste comprised of two categories, combustible, primarily organic material including paper, plastics, cardboard, wood, rubber and bedding and noncombustible, which is primarily inorganic material including glass, ceramics and metals.

**5.2 Hazardous Material.** A substance or material which has been determined by the Secretary of Transportation to be capable of posing unreasonable risk to health, safety, and property when transported in commerce and which has been designated in 49 Code of Federal Regulations (CFR) 172.101.

**5.3 Hazardous Waste.** Resource Conservation and Recovery Act (RCRA) defines hazardous waste as a solid waste or combination of solid wastes, which because of its quantum, concentration, or physical chemical or infectious characteristic, may contribute to an increase in mortality or increase in serious irreversible illness; or pose a substantial presence or potential hazard to human health or the environment when improperly treated, stored, transported, or disposed of, or otherwise managed. Hazardous wastes are either listed in 40 CFR 261 or meet the characteristic waste defined as flammable, corrosive, reactive or toxic.

**5.4 Satellite Accumulation Points (SAPs)** are remote locations where waste is being generated at, or near the point of generation. SAPs are volume driven and not regulated by time during storage of the hazardous waste that is being accumulated.

**6. RESPONSIBILITIES.**

**6.1 Commanders, RWBAHC, Dental Activity and Veterinary Activity:**

**6.1.1** Develop and implement a comprehensive HM/HW program.

**6.1.2** Ensure that all military, civilian, and contract staff members understand and comply with HM/HW management regulations.

**6.1.3** Appoint Satellite Accumulation Managers when necessary.

**6.2 Chief, Logistics Division will:**

**6.2.1** Manage this program and ensure compliance with this memorandum.

**6.2.2** Supervise the collection, transportation and disposition

of HM/HW. HW will be collected from each location and transported to the installation permitted HW facility, building 90403 (post 90-Day Accumulation Point). All HW will be turned in at least every 3 months.

**6.2.3** Ensure that all material received is correctly labeled and that a Material Safety Data Sheet (MSDS) is available with initial shipment of a new product.

**6.2.4** The Logistics Division will assign destruction codes IAW SB 8-76-9S, TG 126, Military Item Disposal Instructions (MIDI) software, or other applicable references and initiate DA Form 3161 (Request for Issue or Turn-in).

**6.2.5** Ensure the destruction of the medical material IAW the recommended destruction procedures.

**6.3** HM/HW Program Manager: (Chief, Material Branch)

**6.3.1** Conduct quarterly inspections of HW satellite accumulation point (SAPs) if necessary. The inspection will include a review of training records, weekly inspections, and the facility. The SAP manager will receive a copy of the inspection report that will list deficiencies and corrective actions to be taken. Deficiencies that are not promptly corrected will be reported to the appropriate commander. (NOTE: As of October 2004, RWBAHC does not manage any SAPs.)

**6.3.2** Provide guidance on hazardous waste minimization.

**6.3.3** Provide training and information pertaining to HM/HW management to staff and SAP managers as needed.

**6.3.4** Coordinate with Directorate, Engineering and Housing (DEH), Directorate Installation Support Environmental and Natural Resources Division (DPW-ENRD) for training of HM/HW handlers IAW Federal, State, Local, Army and FH regulations.

**6.3.5** Coordinate with DEH, DPW-ENRD, Arizona Department of Environmental Quality and other environmental agencies for any matters concerning HM and HW.

**6.3.6** Develop performance standards and evaluate the HM/HW program annually.

**6.3.7** Ensure a master MSDS database for all materials acquired through the Logistics Division is maintained and updated for the organization.

**6.4** Safety Manager will:

**6.4.1** Ensure that all appropriate protective measures are implemented for the military and civilian staff with guidance from Preventive Medicine Wellness and Readiness Service (PMWARS).

**6.4.2** Serve as the Hazard Communications (HAZCOM) Program Coordinator for the MEDDAC.

**6.4.3** Inspect biannually all HM storage areas and provide a written report to ESO.

**6.5** Preventive Medicine Wellness and Readiness Service (PMWARS), Environmental Science Officer (ESO), or designee will provide consultation and monitor this program to ensure compliance.

**6.5.1** PMWARS (Environmental Science Officer or designee) will certify the DA Form 3161 and assure compliance with State and Federal laws.

**6.6** NCOIC/Safety NCOs of areas where hazardous materials are utilized will:

**6.6.1** Ensure that all personnel handling HM/HW are properly trained and certified initially and annually. An outline of required training is included in Appendix B.

**6.6.2** Develop a site-specific hazard communications program, with guidance from the MEDDAC Safety Manager, to educate staff for all hazardous materials utilized.

**6.6.3** Ensure all staff members are aware of actions to be taken in the event of a HM/HW incident.

**6.6.4** Ensure that there are adequate facilities and equipment for storage, utilization and disposal of hazardous materials.

**6.6.5** Research and select the least hazardous HM when selecting and purchasing HM.

**6.6.6** Conduct weekly inspections of HM storage areas to ensure proper storage. Proper storage includes the following.

**6.6.6.1** Container is in good condition.

**6.6.6.2** Materials are compatible.

**6.6.6.3** Appropriate segregation between hazardous and non-hazardous materials

**6.6.6.4** Hazardous Materials used on patients are properly segregated from non-hazardous materials, as well as from hazardous materials not used on patients.

**6.6.6.5** Containers are appropriately labeled and placed in appropriate area within the work site.

**6.6.7** Develop a HM/HW profile to track HM from receipt to disposal. Sections will demonstrate that all HM was used or disposed of properly.

**6.7** Environmental Science Officer, HM/HW Manager, Safety Manager, or Industrial Hygienist will provide guidance as requested to include PPE selection, chemical hazards, hazard information, and compliance.

## **7. HAZARDOUS MATERIAL SELECTION.**

**7.1** The HM/HW Manager will review the HM inventory annually.

**7.2** Each section is responsible for researching and selecting the least hazardous HM if a choice is available. The HM/HW Manager will be consulted if the section cannot determine which product is least hazardous.

**7.3** Each section will order and maintain the minimum amount of HM to accomplish the task. (All requests for new HM or new equipment that uses HM will be routed through the HM Manager prior to purchase to determine appropriateness and/or alternate solutions.)

**7.4** The Medical Warehouse Supervisor will screen incoming materials and ensure that the least hazardous HM are being used.

## **8. HAZARDOUS MATERIAL HANDLING.**

**8.1** Each employee will receive initial and annual training on job specific hazardous materials relevant to their job/section. NCOIC's of each section will be responsible for the training, as well as determining who requires training. Evidence of initial and ongoing training will be documented on CAF competency checklists.

**8.2** Monitoring of hazardous gases and vapors.

**8.2.1** Industrial Hygiene (IH) IAW this memo and Industrial Hygiene guidance, perform quarterly evaluations of the Waste Anesthetic Gases. (See IH-SOP 26, Occupational Exposure to Waste Anesthetic Gases.)

**8.3.2** IH will be contacted to request monitoring of gases and vapors. Chief, IH will determine the requirements for monitoring gases and vapors.

**9. HAZARDOUS MATERIAL STORAGE.** Incompatible HM/HW must be segregated or isolated from each other to minimize the danger of accidents and unnecessary generation of HW. Segregation or isolation includes both maintaining distance between incompatible groups of HM and preventing spilled materials from mixing. Incompatible materials will be isolated from each other to prevent spills. HM can be contained in plastic tubs, cabinets with spill wells (flammable cabinets), or boxes with absorbent material.

**9.1** General guidelines for storage.

**9.1.1** Containers will be compatible with their contents.

**9.1.2** Containers will be closed.

**9.1.3** Glass containers will have some type of secondary containment to prevent breakage and contain leaks.

**9.1.4** Solid materials will be kept in rigid containers, not plastic or paper bags that can be punctured.

**9.1.5** Nothing will be stored on top of HM storage containers.

**9.1.6** Flammable cabinets and corrosive cabinets used for the storage of hazardous materials must be kept at least 10 feet apart. (See DPW-ENRD for guidance)

**9.1.7** If employees are unsure how a material should be stored, contact the Safety Manager or the ESO immediately.

**9.2** Methods for determining compatibility. Several methods exist for determining compatibility, three are shown below. These methods generally agree on which HM can be stored together, but sometimes they do not. When setting up a storage area, use different methods to confirm compatibility. If they do not agree, consult the HM/HW manager for guidance.

**9.2.1** Environmental Protection Agency (EPA) regulations for storage of HW (40 CFR, Part 261, Appendix V) provide examples of incompatible wastes and harmful consequences, which result from mixing incompatible waste. This method provides a gross comparison of wastes, but it is not as comprehensive as the other two methods.

**9.2.2** HW Compatibility Chart. The California Department of Health Services, as part of a research study conducted for the EPA Solid and Hazardous Waste Research Division, developed this chart. Consult the United States Army Center for Health Promotion and Preventive Medicine (USACHPPM) document - Compatibility of Hazardous Materials, February 1999.

**9.2.3** Hazardous Material Information System (HMIS) Compatibility Method. This method was developed as part of the Department of Defense Technical Manual 38-410, Storage and Handling of HM, May 1992. Consult the United States Army Center for Health Promotion and Preventive Medicine (USACHPPM) document - Compatibility of Hazardous Materials, February 1999.

## **10. HAZARDOUS MATERIAL STORAGE FACILITIES.**

**10.1** HM storage is regulated by various federal and state regulations. The primary goals are to safeguard the HM storage facilities and to protect all employees and patients at the medical treatment facilities. Detailed guidelines for HM management

can be found in TM 38-410, Storage and Handling of Hazardous Material. The overall scope of the RWBAHC HM and HW program is very small. This facility does not typically store, or generate, significant quantities of HM or HW. The following guidelines are intended for HM/HW, but specific section guidance for storage of HM within each clinic/area can be found in para 9.

**10.2** To plan effectively for the location, design and construction of HM storage areas:

**10.2.1** The quantities and classes (e.g., flammable, corrosive, toxic, etc.) of HM to be stored should be identified. The quantity of HM is a key factor in determining the size requirements for the following reasons:

**10.2.1.1** It allows for the proper design of the storage area (i.e. dividing the main structure into various bays or compartments) so that incompatible materials can be stored separately. Additional mixing of incompatible material (e.g., acids and bases), under a worse case scenario, can result in fires, explosions or emissions of toxic gases.

**10.2.1.2** It allows for the incorporation of required safety features in all facilities. These safety features will vary for different classes of HM. Consult Preventive Medicine Wellness and Readiness Service (PMWARS), Safety Manager, HM/HW Manager, or Environmental and Natural Resources Division (DPW) for guidance on this issue.

**10.2.2** All applicable regulations, standards and codes should be reviewed as they are updated. This includes OSHA requirements (29 CFR 1910), National Fire Protection Association (NFPA) standards, Environmental Protection Agency (EPA), State, Army and FH regulations.

**10.2.3** All requirements for a safe and healthful operation should be identified on a continuing basis. Most of this information will be derived from the review discussed in paragraph 10.2.1.1 above. The requirements for these features will vary with different classes of HM to be stored.

**10.2.3.1** General Ventilation (i.e. number of air changes per unit time).

**10.2.3.2** Fire Protection (i.e., sprinklers, fire walls).

**10.2.3.3** Emergency exits.

**10.2.3.4** Heat, smoke and explosion venting.

**10.2.3.5** Electrical requirements.

**10.2.3.6** Temperature and humidity controls.

**10.2.3.7** Communication (both internal and external).



**10.2.3.8** Eye washes and emergency showers.

**10.2.3.9** Emergency power source.

**10.2.3.10** Container stacking limitations.

**10.3** Hazardous materials require a high degree of specialized handling mandated by public law and regulation. Failure to properly identify, store and handle such material poses serious risk to human health, property, and the environment. It is imperative that all personnel required to physically handle a HM understand all potential hazards associated with the commodity.

**10.4** Accurate identification and proper classification of such materials is paramount for safe and effective storage and handling of HM. Placards, labels, material safety data sheets (MSDS), product literature, warning statements and other methods of identification are used to assess the physical hazards of such materials. The purpose of this section of the Memorandum is to outline the basics of HM management. This does not relieve an individual of responsibility for displaying full awareness of known and potential hazards. Personnel handling HM will be responsible for compliance with mandatory procedures set forth through Federal, State, Local, and Army and FH regulations.

## **11. HAZARDOUS MATERIAL USAGE.**

**11.1** HM will only be used by trained employees. All employees will be properly trained on the usage of HM within their work environment prior to beginning work. Consult MEDDAC Memorandum 385-2, Hazardous Communication Program for additional guidance.

**11.2** In all instances, the least hazardous material possible will be used in each area. Refer to paragraph 7 of this Memo for guidance.

## **12. HAZARDOUS MATERIAL SPILLS AND DISPOSAL.**

**12.1** All personnel in sections that store or use HM will know the proper spill response procedures before a spill occurs. The procedure for spill response is found in Appendix A, Spill Contingency Plan.

**12.2** Routine generation of a HW requires the establishment of a Satellite Accumulation Point (SAP). See paragraph 13 for guidance.

**12.3** Disposal of non-routine generated HW or spill clean up materials also requires compliance with specific regulations. Consult the HM/HW manager or Logistics Division for proper procedures concerning the disposal of HW.

## **13. SATELLITE ACCUMULATION POINT MANAGEMENT.** Hazardous Waste is a

subset of HM. The primary goal of HW storage is the containment of the waste until it can be properly treated or disposed. This has resulted in a number of environmental regulations related to HW, but not applicable to HM. Please contact the HM/HW Manager, Logistics Division, or Post 90-Day Accumulation Point for further guidance.

**14. TRAINING OF PERSONNEL.** Specific guidelines for employee training are detailed in OSHA, EPA, DOT, Army, and FH regulations. Training is crucial to prevent unnecessary risk to staff members and patients. The HM/HW Program Manager and Safety Manager will provide training and technical assistance to the section NCOIC/Safety NCO upon request.

**14.1** Training requirements for personnel handling HM/HW is dictated by Hazard Communication Standard, 29 CFR 1900.1200. Employees must receive training upon initial assignment and whenever a new hazard is introduced into the work area.

**14.2** Employees will receive an overview of the HM/HW program at Newcomer's Orientation. Initial and annual training will be conducted on the computer based training system (MEPS). The NCOIC/unit Safety NCO will provide site-specific training for personnel who handle HM/HW and are potentially exposed to HM/HW before they begin work. Personnel who have not received HM/HW management training must be constantly supervised during performance of duties that involve HM/HW. An outline for unit training by the Safety NCO is provided in Appendix B.

**14.3** Department/service/activities will monitor and evaluate training. Training topics will reflect assessment of the needs of the work center.

**14.4** Documentation of all training will be maintained by each department for three years. Documentation may include:

**14.4.1** MEPS printout

**14.4.2** Section orientation/in-processing checklist for new employees

**14.4.3** Training rosters that include: topic(s), content summary, date, instructor, length of training, printed name of attendees, and signature of attendees.

## **15. RECORD KEEPING:**

**15.1** Section HM/HW Training will be documented IAW the MEDDAC training regulation and per additional guidance provided by the Deputy Commander for Administration (DCA). Documentation of all training will be maintained by each department for three years. Documentation may include:

**15.1.1** MEPS printout

**15.1.2** Section orientation/in-processing checklist for new employees

**15.1.3** Training rosters that include: topic(s), content summary, date, instructor, length of training, printed name of attendees, and signature of attendees.

**15.2** Training records for HW Managers will include:

**15.2.1** Job title for each position relating to HW and name of employee filling each position.

**15.2.2** A written job description for each position. The job description must include the required skill, education, or other qualifications and duties of personnel assigned to each position.

**15.2.3** A written description of type and amount of introductory and continuing HW training for each person.

**15.2.4** Documentation that HW management training has been given to and completed by appropriate personnel.

**15.3** Records will be available for inspection by HW/HM Manager, MEDDAC and Installation Safety, DPW, and Fire Department personnel.

**15.3.1** Inspection Logs will include:

**15.3.1.1** Inspection logs for HW containers in the area.

**15.3.1.2** Copies of inspection reports.

**15.3.1.3** Material Safety Data sheets (MSDS) for all HM and HW utilized by the activity.

**15.3.1.4** Copies of all DD 1348-1 Turn-in documents for HW.

**15.3.1.5** A copy of the self-inspection list.

**15.4** RMW (Regulated Medical Waste) Manifests will be archived by the ESO, HM/HW Manager, or the COR for the disposal contract. Manifests must be held on file for 3 years.

**15.5** HW manifests will be archived by the Environmental and Natural Resources Division (ENRD).

**15.6** The MEDDAC Warehouse manager will maintain records of all Hazardous Materials/Wastes leaving the facility (DD Form 1348-6).

**16. HM/HW PROGRAM EVALUATION.**

**16.1** Performance standards will be developed yearly and will address one or more of the following.

**16.1.1** Staff knowledge and skill necessary for their role in managing hazardous materials and waste.

**16.1.2** The expected level of staff participation in materials and waste management activities.

**16.1.3** Monitoring, inspection, and corrective action.

**16.1.4** Routine procedures for emergency and incident reporting that specify when and to whom reports are communicated.

**16.1.5** Inspection, preventive maintenance, and testing of applicable equipment.

**16.2** The HM/HW program manager will evaluate the HM/HW program annually. A report will be furnished to the MEDDAC Environment of Care (EOC) Committee.

## **17. TRANSPORTATION**

**17.1** Transportation requirements for hazardous medical materials are listed in the Hazardous Materials Table in 49 CFR 172.101. The hazardous materials description and proper shipping names, hazard classes, Department of Transportation (DOT) identification number (for shipping), the required label, and specific requirements are given in the table. The rules for preparing and transporting hazardous medical materials are outlined in 49 CFR 172 and must be adhered to.

**17.1.1** The rules for transporting hazardous material are fairly clear; hazardous waste rules are more complex.

**17.1.2** The first step is to determine whether the item is a waste. An item becomes a hazardous waste under the following conditions:

**17.1.2.1** The material reaches its expiration date and no extension has been given (none is expected); the item is being prepared for disposal and the vendor will not exchange the item for credit; Logistics or PMWARS decides the item is a waste.

**17.1.2.2** The material is deemed as excess, reporting and advertising is completed, and disposal procedures are being implemented. Material reported as excess is not considered waste until final disposition instructions have been received from the Defense Personnel Support Center (DPSC) or the U.S. Army Medical Material Agency (USAMMA), and there is no alternative but to dispose of the material. Whether the item has remaining shelf life is not important once the decision is made to dispose of the

material. The Environmental and Natural Resources Division (ENRD) or contractor treats them as waste for destruction purposes, and they are destroyed according to procedures outlined in this memorandum. More importantly, it ensures that the item is not resold, thereby limiting government liability.

**17.2** The next step is to determine whether the waste is hazardous according to federal, state, and local guidelines.

**17.2.1** Federally regulated hazardous wastes are identified in 40 CFR under the Resource Conservation and Recovery Act (RCRA). Acutely hazardous wastes are listed in 40 CFR 261.33(e); these will have an Environmental Protection Agency (EPA) hazardous waste number such as the letter P and 3 digits. Toxic wastes are listed in 40 CFR 261.33(f); these will have an EPA hazardous waste number with the letter U and 3 digits. Other drugs will not be on the EPA lists but may have the characteristics of a hazardous waste (e.g., ignitable, corrosive, reactive, or EPA toxic) as described in Subpart C of 40 CFR 261.

**17.2.2** Other sources for determining whether an item is hazardous are the Medical Item Disposal Instructions (MIDI) (see references). The MIDI indicates how the material is to be destroyed and generally states that the waste is a RCRA item, if applicable. The Environmental Coordinator is to determine whether the waste is state regulated as hazardous.

**17.2.3** If uncertain about whether an item is hazardous after following the first two steps, call the US Army CHPPM Waste Disposal Engineering Division at commercial (410) 436-3651, DSN 584-3651 and ask for a clarification, verification, or determination.

**17.3** Hazardous material and waste listed in 40 and 49 CFR will be disposed of through Environmental and Natural Resources Division (ENRD) and the Hazardous Materials Control Center. It is Army policy to use the ENRD for hazardous waste disposal unless extenuating circumstances warrant using an alternative source. The ENRD has the mission to contract for the disposal of hazardous materials and wastes

**17.4** A hazardous waste manifest is required to transport or offer for transportation any hazardous waste for off-site treatment, storage, and disposal (40 CFR 262 and AR 200-1, paragraph 6-4g). (See 15.5 and 15.6 this publication)

**17.4.1** On-post transportation.

**17.4.1.1** The MEDDAC is responsible for transporting the hazardous waste within the installation boundary, including transportation to the ENRD.

**17.4.1.2** A hazardous waste manifest is not required to transport hazardous wastes within the installation boundaries (except when/if public roads are used). The MEDDAC

maintains a record (additional copies of DD Form 1348-6) of the date, time, and location of delivery; the quantities; the receiving facility; and the receiving official's name. This ensures a proper chain of custody and is a JCAHO requirement.

**17.4.1.3** No deliveries of hazardous waste will be made without first notifying and obtaining approval from the receiving agency (ENRD). Delivery appointments are limited to Monday, Tuesday, and Wednesday, phone 533-7076.

**17.4.2** Off-post transportation. The Department of Labor is responsible for ensuring that off-post transportation complies with applicable federal, state, and local laws and regulations, including transportation of those hazardous wastes for which the ENRD or the installation has accountability and physical custody. The installation DOL (Directorate of Logistics), or designee, will arrange for proper off-post transportation of hazardous waste consistent with state, federal, and Army requirements, the hazardous waste management plan, and RCRA permit conditions, in accordance with AR 200-1, paragraph 6-4g. This includes signing the hazardous waste manifest and complying with the manifest system and record keeping requirements.

**17.4.2.1** Materials destined for disposal will not be transported in privately owned vehicles. The transporting vehicle must be disinfected if a leak or spill occurs during transportation. A spill containment, clean-up kit, and emergency response guidebook will be maintained in each vehicle transporting hazardous materials/wastes. The kit will include appropriate PPE, a disinfectant approved by the MTF, and appropriate absorbent and housekeeping equipment for cleaning up a spill. The kit may either be developed and assembled locally or be commercially procured.

**17.4.2.2** When transported in commerce (over public roads), materials will be prepared for shipment following the requirements in 49 CFR Parts 172, 173, and 177.

**17.4.2.3** Persons who transport hazardous materials/wastes over public roads will receive driver training specified in 49 CFR 177.816 and AR 600-55. A commercial driver's license (CDL) is not required provided the gross weight of the vehicle used is less than 26,001 pounds.

**17.4.3** Drivers will have appropriate driver's training IAW all local, federal, and Army regulations.

**17.5** When a contractor moves hazardous waste (i.e., x-ray fixer waste), the contractor must adhere to 40 CFR 263 and the relevant portions of the DOT rules in the 49 CFR 171 through 178. (Note: When moving any hazardous materials, wastes, or outdated non-hazardous drugs for disposal, use government vehicles not privately owned vehicles).

**17.6** PMWARS will consult the Installation Transportation Officer (ITO) when in doubt about the regulatory requirements for transporting hazardous materials and wastes. The ITO is the best source for advice on any special requirements.

**17.7** Many medical items are safe, non-hazardous materials when transported and stored. However, when offered for disposal they become hazardous wastes. These items, MIDI class HWA2 and A003, do not require management as a federally regulated hazardous waste. They may be disposed of IAW suggested methods in the MIDI using commercial contract. There is a commercial contractor currently contracted to accept, for disposal, the cytotoxic drugs that are not regulated as hazardous wastes on a cost-reimbursement basis. Outdated drugs classified as non-hazardous by the criteria given in the EPA rules that implement the RCRA are disposed of through the Commercial Contractor. Liquid medicinal wastes, whether hazardous or not, are not permitted at the landfill. Documentation pertaining to the disposal methods prescribed should be retained on file and updated every 2 years. Additional consultative assistance with the disposal of cytotoxic drugs may be obtained by calling US Army CHPPM Waste Disposal Engineering Division, (410) 671-3651, DSN 584-3651.

**17.8** Some confusion exists concerning the distinction and use of various numbers in the hazardous waste regulations and in the DOT regulations. For regulated hazardous wastes, the EPA provides designated EPA hazardous waste numbers. Examples include P042 for epinephrine which is an acutely hazardous waste; U122 for formaldehyde which is a toxic waste; and D001 which is a hazardous waste with the characteristic of ignitability. The EPA also provides different hazard codes, which are described in 40 CFR 261.30. For example, (I) stands for ignitable. The EPA hazardous waste numbers and the EPA hazard codes each have different uses. The former are used on the Uniform Hazardous Waste Manifest form; the latter merely shows the basis for listing a hazardous waste. For clarification, seek assistance from the ESO.

## **18. DISPOSAL AND DESTRUCTION CODING**

**18.1** The procedures are reduced to the minimum for operational continuity.

**18.2** The program, as a minimum, will provide all affected personnel, information and/or approved methods of destruction for disposal of medical material, according to the Department of the Army Supply Bulletins.

**18.3** Currently, Preventive Medicine Wellness and Readiness Services (PMWARS) at Fort Huachuca are using the Military Item Disposal Instructions (MIDI)/Military Environmental Information Source to find the approved method of destruction or disposal of medical material and standard medical drugs. Non-standard medical material is reported to the Center for Health Promotion and Preventive Medicine for disposal or destruction guidance.

**18.4** The PMWARS/Environmental Science Officer (ESO) will review the destruction

document and certify that the destruction codes assigned to the items are correctly assigned and the physical destruction or disposal of the items are in accordance with federal, state, or local environmental laws. The ESO will check the destruction codes using the MIDI regulations for waste disposal instruction and certify the proper destruction method.

**18.5** In the absence of the ESO, an alternate certifier may be designated. The ESO will train the alternate and certify that the individual is trained on the various sources for determining the method of destruction and the applicable federal and state hazardous material/waste laws. A copy of the certificate will be attached to the destruction document. Also, the ESO will provide a copy of the training certificate to the Material Branch to maintain on file for inspection purposes. The training certificate will remain in the destruction files for a period of 2 years.

**18.6** When destruction services are contracted, the name of the contractor will be shown on the destruction certificate. The ESO/designated representative and Chief, Logistics Division will ensure that the vendor has the appropriate Resource Conservation Recovery Act (RCRA) permits to transport and destroy hazardous materiel/waste.

The proponent of this publication is Preventive Medicine Wellness and Readiness Service. Users are invited to send comments and suggested improvements on DA Form 2028 to, USA MEDDAC, ATTN: MCXJ-PM-EH, Fort Huachuca, AZ 85613-7079.
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## APPENDIX A SPILL CONTINGENCY PLAN

Proper management is a key factor in the prevention of Hazardous Material (HM) release or spill. This plan establishes the action to be taken in the event of a HM release or spill. Implement remedial action in the event of a spill. Actions taken will be based on working knowledge and information provided by the MSDS for the HM/HW. Do not attempt to manage spill if it is beyond the unit's capabilities. Any hazardous substance spill >1 gallon (or is an acutely toxic material, organic oxidizer, or chlorine) must be reported to the Fire Department to be cleaned up.

### 1. Minor HW/HM spill.

- a. Protect yourself. Obtain personal protective equipment (PPE) from spill kit.
- b. Stop all other actions, stop the flow, and obtain the Material Safety Data Sheet (MSDS).
- c. Contain the spill to the best of ability based on unit capability and resources (i.e., limits of spill kit). Housekeeping can be contacted to assist in the clean up of spills of chemicals that are within their capability. If you are not capable of controlling the spill, contact the Fire Department and the HM/HW Manager.
- e. If the spill occurs because of a leaking container, the container must be isolated and over packed before disposal (i.e., use of container and absorbent material).
- f. Determine if waste clean-up material is considered a hazardous waste for disposal purposes (MSDS, MEDDAC HM/HW Manager).
- g. If material is considered a hazardous waste, follow procedures for hazardous waste turn-in. Contact the MEDDAC HM/HW Manager for guidance.
- h. After clean-up, report spill to:
  - (1) Your Supervisor
  - (2) Fire Department (Large spills only)
  - (3) MEDDAC Safety Manager and HM/HW Manager
  - (4) Industrial Hygienist and ESO

2. Major HM/HW Spill. Implement the Ft. Huachuca Installation Spill Response Plan. Notify the Fire Department, 911, in the event that a spill exceeds the capabilities of the unit. The following information should be relayed to the fire department:

- a. Name of individual reporting incident.
- b. Exact location.
- c. Injured personnel and extent of injuries.
- d. Substance and amount of spill.
- e. Time of incident

3. Cordon off the area and remove staff and patients if the incident exceeds the capabilities of the unit.

4. Notify the Unit Safety NCO, MEDDAC Safety Manager (3-5909), Industrial Hygiene (3-9183), HM/HW Manager (3-2070), and ESO (3-3959).

NOTE: The Fire Department will send a response team and initiate actions as required by the Installation Spill Contingency Plan.

## APPENDIX B

HAZARDOUS MATERIALS/ HAZARDOUS WASTE  
TRAINING OUTLINE FOR SAFETY NCOS

The Hazardous Materials/Hazardous Waste (HM/HW) training outline for section specific training will cover at least the following topics as appropriate for the unit. For the Environment of Care standard, Hazardous Materials include Regulated Medical Waste (MEDDAC Memo 40-131).

1. HM/HW Program Structure.
  - a. MEDDAC HM/HW Coordinator (Who it is, when and how do you contact).
  - b. MEDDAC Safety Manager (Who it is, when and how do you contact).
  - c. Unit Safety NCO (Who it is, when and how do you contact).
2. Goal of the HM/HW Program.
  - a. Provide safe and healthful work environment.
  - b. Prevent exposures to HM/HW.
  - c. Prevent unnecessary generation of HW (cost of disposal).
3. Employee Responsibility.
  - a. Learn MEDDAC Memos 200-1 and 40-131.
  - b. Learn Unit Safety SOP.
  - c. Follow HM/HW and RMW regulations and procedures.
  - d. Attend/complete training classes at MEDDAC/Unit level.
4. HM/HW Education and Training Program.
  - a. Inform employee of when and what training will be provided.
    - (1) Newcomers and BMAR training conducted by Safety Manager and Environment of Care EOC) Managers.
    - (2) Section specific training conducted by Safety NCO's.

- b. Definition of HM, HW, and RMW.
  - c. Specific location and identification of unit's HM.
  - d. Proper procedures for selecting, handling, storing, using, and disposing of unit's HM.
  - e. Proper procedures to be taken in the event of a HM spill. (Appendix A)
  - f. Health hazards of mishandling HM.
5. HM Spill or Exposure Reporting. (Appendix A)

Outline must be detailed enough to demonstrate that personnel are taught their responsibilities and actions in the HM/HW management area.